

City of Harrisonburg, Virginia

POLICE DEPARTMENT

101 North Main Street Harrisonburg, Virginia 22802 Emergency 911 Non-Emergency 540-434-4436



Request for Records

	I, (print name) do hereby affirm that I represent
	in the following nature:
	Attorney
	Insurance Agent
	Family Member
	Self
	Other (Government, Military)
Requested on this date:	
Signed (requestor)	
	And in such representation, request the following documents related to the above named client:
	Copy of Crash Report #
	Verification letter for Incident Report #
	Local Background Check (convictions only) *
	*If requested by third party, record release form is required to be signed by represented party.
	Records Clerk responding to request:
	Date of response:
	☐ Mailed ☐ In Person
	Payment received: Cash Check Due on receipt